



Farm Owner Questionnaire

This form is to be completed by prospective participants in the Farm Link Program. Please answer the following questions completely. If you have any questions, please call 609-984-2504.

General Information

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

COUNTY _____

PHONE NUMBER(S) _____ FAX _____

Are these telephone numbers listed or unlisted? _____

EMAIL ADDRESS _____

LEGAL PROPERTY OWNER _____

Farm Description

IS THE FARM CURRENTLY IN OPERATION? YES NO

WHAT TYPE OF FARM OPERATION IS IT?

WHAT IS THE SIZE OF YOUR OPERATION? _____ ACRES

CROP ACRES _____ PASTURE ACRES _____ WOODLAND ACRES _____

IS THE FARM IN A FARMLAND PRESERVATION PROGRAM? YES NO

IF YES, PLEASE SPECIFY PROGRAM _____

Farm Transfer/Transition Goals

WHICH OF THE FOLLOWING ARRANGEMENTS WOULD YOU CONSIDER? CIRCLE ALL THAT APPLY.

Lease: SHORT TERM LEASE (1-2 years) LONG TERM LEASE (3+ years) LEASE WITH OPTION TO BUY

Sale: STANDARD SALE OWNER FINANCED SALE

Farming together: PARTNERSHIP FARM MANAGER (position for farm seeker) APPRENTICESHIP (position)

EMPLOYMENT FOR A PERIOD OF TIME, THEN TRANSFER TO OWNERSHIP

HOW LONG DO YOU WANT OR EXPECT THIS TRANSFER TO TAKE?

Farm Buildings

DESCRIBE MAJOR FARM BUILDINGS AND FACILITIES, NOTING THEIR SIZE, USE AND CONDITION:

IS THERE HOUSING AVAILABLE FOR THE ENTERING FARMER?

YES

NO

IF YES, PLEASE DESCRIBE:

Soils and Water

DESCRIBE THE SOILS ON THE FARM:

DESCRIBE THE WATER SOURCES ON THE FARM FOR HOUSE AND BARNS. CIRCLE ALL THAT APPLY:

DRILLED WELL

MUNICIPAL

SPRING

RIVER

POND

OTHER

Farm Listing Description

PLEASE PROVIDE A FARM LISTING DESCRIPTION (~ 100 WORDS) FOR OUR WEBSITE AND NEWSLETTER THAT DESCRIBES THE FARM OR FARMING OPPORTUNITY YOU HAVE AVAILABLE.

PLEASE BE ADVISED THAT ALL INFORMATION SUPPLIED BY YOU WILL ONLY BE USED FOR THE FARM LINK PROGRAM.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH FOR THE PURPOSE OF PARTICIPATING IN THE NEW JERSEY FARM LINK PROGRAM.

I GIVE THE NEW JERSEY FARM LINK PROGRAM PERMISSION TO RELEASE MY NAME, ADDRESS, PHONE NUMBER AND ANY OTHER INFORMATION PROVIDED IN THIS QUESTIONNAIRE TO PERSONS WHO ARE INTERESTED IN DISCUSSING A POSSIBLE BUSINESS ARRANGEMENT WITH ME.

SIGNATURE OF FARM OWNER _____ DATE _____

Please return the completed form to:

State Agriculture Development Committee
PO Box 330
Trenton, NJ 08625
Attn: NJ Farm Link

Or via fax: (609) 633-2004
Attn: NJ Farm Link

Or via email: david.kimmel@ag.state.nj.us

Questions?

Contact the Farm Link Program at (609) 984-2504. Also visit the website at www.state.nj.us/agriculture/sadc/farmlink.htm.